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Session: Poster Session II

Date: Friday, March 4, 2016

Time: 12:45–14:15

Room: Hall 3 (Posters & Exhibition)

The characteristics of HIV/AIDS patients with deep vein thrombosis at Dr George Mukhari Academic Hospital

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Background: Deep vein thrombosis (DVT) is ten times more prevalent in HIV/AIDS patients than the general population. HIV/AIDS has also been shown to be a hypercoagulable state which is worsened by conditions like malignancies, opportunistic infections, some auto-immune diseases and chemotherapeutic agents.

Methods & Materials: This was a cross sectional, descriptive study looking at all HIV/AIDS patients admitted to level one wards at the hospital without DVT.

Results: Variable	Frequency	Percent
On HAART	6	35%
On Tuberculosis treatment	8	47%
Improvement of DVT	16	94%
Pneumonia excluding Tuberculosis	4	24%
Discharged on warfarin	17	100%
Attempted suicide	2	12%
Cerebro vascular accident	1	6%
Gastroenteritis	4	24%
Anaemia – recorded	2	12%
Mean duration of admission	14.1 days	

Conclusion: Patients with HIV/AIDS and opportunistic infections, or other predisposing factors such as immobility are more likely to develop DVTs.

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The profiles of HIV-infected patients treated at A. Wahab Sjahranie General Hospital Samarinda, Indonesia

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Background: The number of HIV-infected patients and deaths-related to HIV are increasing rapidly in Indonesia. Studies about the profiles of HIV-infected patients can be useful to create better approaches for prevention and treatment.

The aim of this study was to evaluate the profiles of HIV-infected patients who got ARV treatment in VCT clinic at A. Wahab Sjahranie General Hospital Samarinda.

Methods & Materials: This study was conducted at A. Wahab Sjahranie General Hospital in Samarinda, East Kalimantan, Indonesia from December 2005 to September 2015. Subjects were HIV-infected patients who got ARV treatment at VCT clinic.

Results: Until September 2015 there were 394 patients who had taken ARV, 96 (24.4%) of them had died. Among 298 patients who were on ARV treatment, there were 172 males (57.7%) and 126 females (42.3%) with ages distribution were as follow : ≤ 10 years 10 (3.4%), 11–20 years 11 (3.7%), 21–30 years 118 (39.6%), 31–40 years 104 (34.9%), 41–50 years 36 (12.0%), > 50 years 19 (6.4%). Routes of transmission were as follow : sexual 274 (91.9%), IDU 10 (3.4%), mother to child 10 (3.4%), others 4 (1.3%). CD4 levels when starting ARV : < 50 : 107 (35.9%), 51–100 : 59 (19.8%), 101–200 : 69 (23.2%), 201–350 : 43 (14.4%), 351–500 : 14 (4.7%), > 500 : 6 (2.0%). The most common ARV regimen used for adults was TDF-3TC-EFV (71.8%). Patients who started taking ARV when pregnant were 19 (6.4%). Adherence to ARV : $> 95\%$ 227 (76.2%), 80–95% 23 (7.7%), $< 80\%$ 48 (16.1%).

Conclusion: The majority of patients who get ARV treatment at VCT clinic of A. Wahab Sjahranie General Hospital Samarinda are young people (21–40 years old), and the major route of transmission is sexual intercourse. Most of the patients start taking ARV in a late phase of infection which is correlated with poor prognosis.

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Metabolic syndrome among people living with HIV (PLHIV)G.R. Jammy^{1,*}, M. Dinaker², P.S. Reddy³, C.H. Bunker¹¹ Graduate School of Public Health, University of Pittsburgh, Pittsburgh, USA² GYD Reference Laboratory, Hyderabad, India³ SHARE INDIA, MediCiti Institute of Medical Sciences, Ghanpur, Hyderabad, India

Background: India ranks third in the world for number of people living with HIV (PLHIV). Anti-Retroviral Therapy (ART) has led to decline of morbidity and mortality, making HIV a chronic manageable disease. This increased life span extends exposure to environmental/lifestyle risk factors contributing cardiovascular diseases (CVD) and other diseases of aging. Metabolic syndrome (MS) is a clustering of risk factors for CVD, and an important public health concern. Globally prevalence of MS among PLHIV varies from 11 – 45%, but data are sparse on MS among PLHIV in India. We describe the prevalence of MS among PLHIV population from southern India.

Methods & Materials: A cross-sectional study with non-probability consecutive sampling in a private clinic of Hyderabad was carried out. Adult PLHIV under the care of the physician consultant, with informed consent, were included in the study irrespective of their ART status. Structured questionnaire, anthropometric measurement and fasting blood samples were drawn. Metabolic syndrome was defined using International Diabetes Federation (IDF) and U.S. National Cholesterol Education Program Adult Treatment Panel III (ATPIII) criteria, with specific cut offs